

No. W 127502	Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) MARLIN SCOBY 6464 E CRESTLEY DR NAMPA ID 83687
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. MARLIN SCOBY 19626 CUMBERLAND WAY LLC 6464 E CRESTLEY DR NAMPA ID 83687		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Marlin Scoby	6464 E Crestley Dr	Nampa	ID		83687
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Linda Scoby					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; padding: 20px;"> IDAHO W 127502 </div>	6. Signature: <u>Marlin Scoby</u> Name (type or print): <u>MARLIN SCOBY</u>	Date: <u>09/13/16</u> Title: <u>09/13/16</u>
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM